

**MORTGAGE LOAN BROKER CONTINUING PROFESSIONAL EDUCATION
PROVIDER APPLICATION**

Please return to:

South Carolina Department of Consumer Affairs
Legal Division
P.O. Box 5757
Columbia, SC 29250-5757

Provider Name: _____ Phone: _____

Mailing Address: _____ Fax No.: _____

Physical Address: _____

Classroom Location(s): _____

City, State and Zip: _____

E-Mail: _____ Contact Person: _____

Title: _____ Federal I.D. or Social Security #: _____

Enclosed with this application is:

- a copy of enrollment agreement with disclosures and acknowledgment
- a sample Certificate of Completion

POLICIES AND PROCEDURES

Attendance Policy: Explain how you intend to monitor attendance. Submit a copy of the Student Roster form (sample) provided by the Department or one currently in use by your Company. The form must contain all required information on the Department's sample. _____

Methods of Record Maintenance: Explain your procedure of maintaining students= records for a minimum of two years. (Ex. Will student records be maintained in a database? _____

I hereby apply for approval to provide mortgage broker continuing professional education courses, and I certify, under penalty of perjury, that all statements and materials are true and that nothing has been withheld which would influence a complete evaluation of this application.

I have read and agree to comply with the S.C. Mortgage Broker Law and/or Policies of the S.C. Department of Consumer Affairs.

Signature & Title

Date: